

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # _____		
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 50
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other			\$ 65
7 TOTAL AMOUNT OF REFUND			\$ 115

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">5</td> </tr> </table>	0	3	--	2	0	9	5
0	3	--	2	0	9	5		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>John Andrews</u> SIGNATURE: <u><i>John Andrews</i></u> OFFICE: <u>PCT - DO/EO</u>	TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 x 211</u>

THIS SPACE RESERVED FOR FINANCE USE ONLY:
APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: